



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL OF INDIANA, INC. - EAST

City of Hospital: Indianapolis

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

Email Address: pklassenii@ecommunity.com

Medicare Provider Number: 15-0074

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$679140135
Outpatient Patient Service Revenue	\$1449845993
Total Gross Patient Service Revenue	\$2128986128

2. Deductions From Revenue

Contractual Allowance	\$1396184969
Other Deductions	\$4958472
Total Deductions	\$1401143441

3. Total Operating Revenue

Net Patient Service Revenue	\$727842687
Other Operating Revenue	\$21979339
Total Operating Revenue	\$749822026

4. Operating Expenses

Salaries and Wages	\$161432786	Employee Benefits	\$209223682
Depreciation and Amortization	\$37023559	Interest Expense	\$12914601
Bad Debt	\$41130246	Other Expenses	\$329206896
Total Operating Expenses	\$790931770		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-41109744	Total Assets	\$319799514
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$8154175

Total Net Gains	\$-41109744
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$981993671	\$777688229	\$204305442
Medicaid	\$451715458	\$324706909	\$127008549
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$695276999	\$298748303	\$396528696
Total	\$2128986128	\$1401143441	\$727842687

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$323317	\$2990731	\$-2667414

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$5847154	\$30506788	\$-24659634
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$4958472
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1629002	
HCI Payments	\$0		
Subtotal	\$0	\$1629002	\$-1629002
Medicaid Shortfalls	\$118908957	\$156318874	
Subtotal	\$118908957	\$157947876	\$-39038919
DSH Payments	\$30981815		
Subtotal	\$149890772	\$157947876	\$-8057104
Medicare Shortfalls	\$191854508	\$320095020	
Other Government Programs	\$0	\$0	
Total	\$341745280	\$478042896	\$-136297616

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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